

WEST VALLEY CITY

REHABILITATION LOAN APPLICATION

Dear Applicant:

Thank you for requesting information about the **Rehabilitation Loan Program (RLP)**. These programs are provided by the West Valley City Housing Authority using federal Community Development Block Grant (CDBG) and HOME monies.

The **Rehabilitation Loan Program (RLP)** provides low interest loans up to \$25,000 to low-to-moderate income to individuals and/or families that reside within West Valley City to be used in part for rehabilitation to a home. The loan committee will determine the terms of the loan which can be deferred or at a low interest rate from 0-3%. Luxury items and improvements that do not become a permanent part of the real property are not eligible.

The following application will assist West Valley City staff to evaluate your eligibility to participate in any of the programs available within the City. All applications must be filled out completely or it will not be accepted. Be sure to provide the most accurate information possible, all information is subject to verification. All applications will be processed on a first come, first serve basis.

Once your application is completed, please call (801)963-3369 to schedule an appointment with a Grants Technician who will receive your application. The Grant Technician will receive your application, explain the programs available, application process and answer any questions you might have. **Notification of program acceptance or denial will occur within two weeks.**

DOCUMENTS REQUIRED:

Please attach the following documents to this application. Incomplete applications will not be processed. All information will be presented to the West Valley City Grant Committee for consideration.	
Completed West valley City Application	
Property Tax Statement	
Lot Rental Statement / Mortgage Statement (current month)	
Proof of Income for the previous 60 days : Possible sources of income include, but are not limited to: Pay stubs, SSI/SSA yearly statement, profit & Loss Statement (if self employed), child support, alimony, etc.	
Copy of Checking & Savings Account Statements (last 2 months)	
Proof of Homeowners Insurance	
Last two years Federal Tax Returns (complete)	
Divorce Decree (if applicable)	
Bankruptcy (if applicable)	

NOTE: All household members 18 years and older who receive an income must supply the information listed below. All requested information will be used solely to determine applicant and property qualification.

OPTIONAL INFORMATION:

Information for Government Monitoring Purposes	
Please read this statement before completing the box below: The following information is requested by the federal government loans related to CDBG and HOME funded programs, in order to monitor the City's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that the City may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations The City is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (The City must review the above material to assure that the disclosures satisfy the requirements to which The City is subject under applicable state law for the program applied for.)	
Applicant/Mark all that apply	Co-Applicant/Mark all that apply
<input type="radio"/> I do not wish to furnish this information Ethnicity: <input type="radio"/> Hispanic / Latino <input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Other Race/National Origin: <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other Sex: <input type="radio"/> Male <input type="radio"/> Female Marital Status <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (incl. single, divorced, widowed)	<input type="radio"/> I do not wish to furnish this information Ethnicity: <input type="radio"/> Hispanic / Latino <input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Other Race/National Origin: <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other Sex: <input type="radio"/> Male <input type="radio"/> Female Marital Status <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (incl. single, divorced, widowed)

Rehabilitation Loan Program Application (RLP)

The information collected below will be used to determine whether you qualify for any programs and will be only be used for verification pertaining to this application.

[illegible]

NOTE: All household members 18 years and older who receive an income must supply the information listed below:

Monthly Income:

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	TOTALS
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Social Security				
Net Business Income				
Net Rental Income				
Pension/ Retirement				
Unemployment Benefits				
Workers Compensation				
Alimony, child Support				
Welfare Payments				
Other:				
TOTALS:				

ASSETS:

Type	Cash Value	Type	Cash Value
Checking Account		Other	
Savings Account		Other	
Stocks/Bonds, IRA'S		Other	
Recreational Items		Other	
Home Equity		Total	\$

Liabilities: List current obligations (debts) including auto loans, credit cards, charge accounts, credit unions loans, personal loans, etc.

NOTE: All household members 18 years or older must disclose information also.

Creditor	Original Balance	Current Balance	Monthly Payment	Past Due Amount
1 st Mortgage				
2 nd Mortgage				
Car Payment				
Student Loan				
Consolidation Loan				
Credit Card				
Other				
Other				
Other				
Other				
Total:				

Monthly Child Support \$ _____ Monthly Child Care _____

Do you have deferred student loans? YES NO Amount \$ _____

When does the deferral period end: _____
(Month / Year)

If you answer "YES" to any of the following questions, please explain below:

- Do you have any outstanding unpaid judgments?
YES NO Amount: \$ _____
- Have you (or any member in your household) ever declared bankruptcy?
YES NO What Chapter? _____ Discharge Date: _____
(Month / Year)

Explanation: _____

NOTE: All household members 18 years or older must disclose information also.

Home Rehabilitation

Please list and describe what you believe needs to be done in your home:
(i.e. roof, plumbing, electrical, code issues, insulation, etc.)

Tells us about your property:

Property Address to be rehabilitated: _____

Year Built: _____

Mortgage Company: _____

Account Number: _____

Address: _____

City & Zip Code: _____

Phone # (____) _____

Fax # (____) _____

Homeowner's Insurance: _____

Policy Number: _____

Coverage Term: From _____ To _____

Liens: _____

Balance Owing: _____

Estimated Value: _____

Current? YES _____ NO _____

Bankruptcy _____ Foreclosure _____

Do you own any other properties? Yes _____ No _____

If "YES" please explain:

I certify under penalty of perjury that the information in this application is true and correct to the best of my knowledge. I hereby authorize the West Valley City Housing Authority to verify all information provided using whatever verification methods and documentation as necessary. I understand that false or misleading information provided by me may cause this application to be denied and or legal action may be taken against me. I understand that if any false or misleading information provided in this application is discovered after the work is completed that I will be held personally and financially liable for the cost of the work performed plus interest at twelve percent (12%) per annum plus any additional attorney's fees.

In addition, I hereby certify that I have not received any financial assistance from the West Valley City Grants Program within the last twelve (12) months.

Applicant/Date

Co- Applicant/Date

WARNING: Section 1001 of Title 18 of the U.S. Code making it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from a home built before January 1978. I received this pamphlet before work began.

Signature of Recipient Date

AUTHORIZATION OF THE RELEASE OF INFORMATION

Housing Authority of West Valley City

Organization requesting release of Information:

Housing Authority of West Valley City/Grants
4522 West 3500 South
West Valley City, UT 84120

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use the authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

West Valley City's Loan and Grant Programs

I authorize the above named organization and HUD to obtain information on wages, or unemployment compensation from State Employment Securities Agencies.

Information covered inquiries may be made about:

Child Care Expenses
Credit History
Family Composition
Employment, Income, Pensions and Assets
Federal, State, Tribal or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Expenses
Medical Expenses
Social Security Number
Residences and Rental History

Individuals or Organization that may release information:

Any individual or organization including any governmental organization may be asked to release information. For example information may be requested from:

Banks and other financial institutions

Courts, Credit Bureaus

Providers of:

Alimony, Child Care

Child Support, Credit

Handicapped Assistance

Medical Care

Pensions/Annuities

Computer Matching Notice and Consent:

I agree that WVC Housing Authority/Grants, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management

U.S. Social Security Administration

U.S. Postal Service

State Employment Security Agencies

State Welfare

The match will be used to verify information supplied by the family.

Conditions:

I agree that photocopies of this information may be used for the purposes stated above.

If I do not sign this authorization, I also understand that application may be denied.

Head of Household (Print)	Signature	Date	Social Security Number	Date of Birth
---------------------------	-----------	------	------------------------	---------------

Co-Head/Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
----------------------------------	-----------	------	------------------------	---------------

DECLARATION OF NO INCOME

The program for which you or a person in your household is applying is funded in part by one or more of the following sources: CDBG and HOME funds. The City is required to verify all income of anyone receiving assistance under these programs. To comply with this requirement, you are required to supply the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing your household eligibility.

CERTIFICATION

I, _____, do hereby certify that I do NOT receive income from ANY source. I understand sources of income include, **but are not limited to, the following:**

Employment by Others
Unemployment Compensation
Social Security
Workers Compensation
Child Support
Education Grants/ Work- Study
Self-Employment
TANF
SSI

Retirement Funds
Alimony
Income from Assets
Pensions
General Assistance
Disability
Union Benefits
Family Support
Annuities

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Utah law.

Name (PRINT): _____

Signature: _____ Date: _____

Relationship to Applicant: _____